

REVIEWED

PRINTED: 02/22/2013
10:01 AM APPROVED

MAR 05 2013

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 810454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ by: <i>[Signature]</i>	(X3) DATE SURVEY COMPLETED 02/15/2013
NAME OF PROVIDER OR SUPPLIER MILLWOOD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH COOPER STREET ARLINGTON, TX 76011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	25 TAC 134 INITIAL COMMENTS Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. An unannounced full hospital survey was conducted on site. An entrance conference was held with administrative staff on the afternoon of 02/12/13 and other hospital-delegated personnel at Millwood Hospital, located at 1011 North Cooper, Arlington, TX, 76011. The purpose and process of the survey were explained and an opportunity given for questions. The hospital representatives were informed that this survey would be conducted and according to the Texas Administrative Code 25, Chapter 134. Survey findings were presented at an exit conference on the afternoon of 02/15/13 with the facility representatives. An opportunity was provided for the facility to provide evidence of compliance with those requirements for which non-compliance had been found during the survey. None was provided. The hospital representatives were informed that when the facility receives their survey findings, a plan of correction for any deficiencies cited should be sent to the Arlington zone office within 10 days of receipt.	Y 000	By submitting this plan of Correction, The Facility does not admit that it violated the regulations. The Facility also reserves the right to amend the Plan of Correction as necessary and to contest the deficiencies, findings, conclusions, and actions of the agency.	
Y 183	134.41(g)(4) Medical Records: Content The medical record shall contain information to justify admission and continued hospitalization,	Y 183		

SOD - State Form

[Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
CEO

(X5) DATE
3.9.13

STATE FORM

4998

TG1N11

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Y 183	Continued From page 1 support the diagnosis, and describe the patient's progress and response to medications and services. Medical records shall be accurately written, promptly completed, properly filed and retained, and accessible. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the hospital failed to complete medical records for three of three charts reviewed (Patients #18, #25, #26) whose History and Physical examination documentation was not signed by the attending physician within 30 days of discharge. Findings included: 1) (Patient #18) was admitted on 12/31/12 and discharged on 01/02/13 with diagnoses including Mood Disorder and Oppositional Deficient Disorder. (Patient #18's) History and Physical examination information was dictated on "01/01/12" at 06:08 AM and typed on "01/01/12" at 01:17 PM. The document was not signed by Personnel #37 as of 02/15/13. 2) (Patient #25) was admitted on 01/07/13 and discharged on 01/15/13 with diagnoses including Schizophrenia. (Patient #25's) hand written History and Physical Examination document was not authenticated by a physician's signature, and not dated or timed. 3) (Patient #26) was admitted on 01/05/13 with diagnoses including Mood Disorder. The patient	Y 183	Y183 The HIM Director educated the Admitting Medical staff on the need for timely documentation in regards to the Histories and Physicals. Completeness of the H&P completion are monitored and reported to Quality Committee and Medical Executive Committee where appropriate every meeting. The monitoring will continue for a period of four (4) months, then randomly if completeness is maintained.	03/26/13 Ongoing

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NAME OF PROVIDER OR SUPPLIER MILLWOOD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH COOPER STREET ARLINGTON, TX 76011		
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Y 183	Continued From page 2 was discharged on 01/12/13 with the same diagnoses. (Patient #26's) History and Physical Examination information was dictated on 01/05/13 at 07:42 PM and typed on 01/06/13 at 02:23 AM. Personnel #39 had not signed or dated the document as of 02/15/13. During an interview on 02/15/13 at 10:40 AM, Personnel #36 stated the expectation was that the physician signature was on the History and Physical document "as soon as it is in the chart." Hospital Policy # 1000.18 dated 01/2013 reflected ...the transcribed report will be made available within 24 hours of patient admission and will be signed by the dictator."	Y 183		
Y 820	411.471(b)(2)(B) Care & Treatment: Inpatient Tx Planning (b) (2) The treatment plan shall contain: (B) a list of problems and needs that are to be addressed during the patient's hospitalization; This REQUIREMENT is not met as evidenced by: Based on interview and record review the hospital failed to ensure 2 of 2 patients (Patient #2 and Patient #3's) treatment plans were kept current and addressed short and long term goals. 1) (Patient #2's) plan did not address the use of Plavix (blood thinner) and treatment for nausea, vomiting and diarrhea. 2) (Patient #3's) treatment plan did not address diabetes and a urinary tract infection. Findings Included:	Y 820	Y820 A nursing care plan is initiated by the admitting RN nurse The nurse completes a care plan & problem/goal sheet for the axis III diagnosis. The CNO or designee will re-educate the RN clinical staff on the rationale for, importance of and criteria for an individualized nursing care plan for every patient.	03/26/13

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NAME OF PROVIDER OR SUPPLIER MILLWOOD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH COOPER STREET ARLINGTON, TX 76011		
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Y 820	<p>Continued From page 3</p> <p>1) (Patient #2's) initial nursing assessment dated 11/29/12 timed at 10:20 PM reflected, "Gastrointestinal positive for loose stools on admit, .hemiparesis secondary to CVA (cerebrovascular accident)...short term goals will have no more than five anxiety attacks, will report decrease amounts of tearful episodes...provide therapy..."</p> <p>The physician's orders dated 11/29/12 timed at 10:30 PM reflected, "Plavix (blood thinner) 75 mg (milligrams) po (by mouth) QD (every day)."</p> <p>The MAR (medication administration records indicated (Patient #2) was administered Plavix from 11/30/12 through 12/07/12.</p> <p>The physician's orders dated 12/01/12 reflected, "Phenergan 25 mg po every four hours times nausea and vomiting..." A second order was written 12/02/12 which reflected, "Phenergan 50 mg po or IM (intramuscular) for nausea and vomiting times twenty-four hours...clear liquid diet, imodium..."</p> <p>The medication administration records indicated (Patient #2) was administered Phenergan 25 mg on 12/01/12 at 20:20 PM.</p> <p>The 12/01/12 nursing progress note dated 12/01/12 timed at 20:50 PM reflected, "Complaints of having loose stool.. at 23:30 PM...complains of nausea and vomiting..."</p> <p>The interdisciplinary treatment plan dated 12/03/12 reflected no problem/intervention, short term/long term goals which addressed the administration of Plavix (blood thinner) and (Patient #2's) nausea, vomiting and diarrhea.</p>	Y 820	<p>Y820 Cont.</p> <p>The contents of the plan are evaluated by nursing weekly for inclusion of Axis III presenting problems.</p> <p>Results of findings will be report: d to the Quality Committee for a period of four (4) months then randomly as needed to maintain improvement.</p>	

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Y 820	<p>Continued From page 4</p> <p>On 02/15/13 at approximately 01:05 PM Personnel #22 verified (Patient #2's) treatment/care plan did not include the administration/monitoring of Plavix and did not address (Patient #2's) nausea, vomiting and diarrhea.</p> <p>2) (Patient #3's) initial nursing assessment dated 01/03/13 timed at 19:30 PM reflected, "Patient is confused...diabetes...sliding scale insulin..." The 72 hour initial nursing treatment plan attached to the above document reflected, "Problem safety, medication stabilization, altered sleep pattern...short term goals no harm to self/others...will sleep...interventions...fall precautions..."</p> <p>The physician's orders dated 01/04/13 timed at 08:30 AM reflected, "Give glucagon IM (intramuscular) times one for low BS (blood sugar)."</p> <p>The physician's orders dated 01/04/13 timed at 15:00 PM reflected, "FSBS (fasting blood sugar) AC (before meals) and HS (hour of sleep)...sliding scale..."</p> <p>The physician's orders dated 01/08/13 timed at 15:00 PM reflected, "Bactrim DS (double strength) one po BID (twice daily) x (times) 5 days."</p> <p>The medication administration records dated 01/04/13 through 01/18/13 reflected (Patient #3) was administered glucagon, blood sugar monitoring, insulin and was treated for a urinary tract infection.</p> <p>The interdisciplinary individualized treatment plan dated 01/04/13 reflected, "Problem #1</p>	Y 820		

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Y 820	Continued From page 5 aggression, potential to harm others..." The revised treatment plan dated 01/09/13 reflected, "Confused...no aggression..." The 01/11/13 revised treatment plan reflected, "Improving behavior..." The 01/16/13 revised treatment plan reflected, "Improving, anticipate discharge..." The above treatment plan did not address (Patient #3's) urinary tract infection and diabetes. No problems/intervention, short term/long term goals were addressed for the above problems. On 02/15/13 at approximately 02:45 PM Personnel #22 was interviewed. Personnel #22 verified (Patient #3's) treatment/care plan did not address and/or include current medical problems. Personnel #22 stated the treatment for diabetes and a urinary tract infection was not addressed. The hospital policy entitled, "Master Treatment Plan" with a revision date of 03/2012 reflected, "Each patient will have an individualized treatment plan...initial treatment plan will be initiated by the admitting nurse...and with the attending physician...the admitting nurse will complete problem/goal sheet for any Axis III diagnosis..."	Y 820			